

Case: 2:06cv304

✓ Francis A. Grandinetti III AIS&#035;185087  
✓ CCA/TCCF Contractor *#1403*  
✓ 295 U.S. Hwy. 49 South  
Tutwiler, MS 38963-5072

MS#223000

TO ATTORNEYS OF RECORD: Electronic Noticing is MANDATORY in the District Court for the Middle District of Alabama.

By order of the court (General order 04-3164) Electronic Noticing is mandatory for all attorneys who wish to practice in this district.

ATTORNEYS, If you have received this notice by mail, you have not yet complied with this order, according to our records. Please register IMMEDIATELY!

The mandatory registration form for attorneys can be accessed through our web site ([www.almd.uscourts.gov](http://www.almd.uscourts.gov), click on the CM/ECF icon. At the CM/ECF welcome page, click on the Registration button). The form can be completed and submitted on-line

If you have any questions or need help with our Case Management/Electronic Case Files (CM/ECF) system, please call our help desk on 334.954.3935.

Received Doc. Nos. 71 and 81 by mail,  
on March 29, 2007, Thursday.

X *Francis Grandinetti, aka*

(Proof of Service.)

MIDDLE DISTRICT OF ALABAMA  
OFFICE OF  
CLERK, UNITED STATES DISTRICT COURT  
P.O. BOX 711  
MONTGOMERY, AL 36101-0711



Mailbox Rule:  
FRAP 25(c): 03/29/2007  
28 USC §1746.

2:06-CV-304-MHT

## Sick Call Request (Co-Pay)

**Part A:** (to be completed by inmate/resident)

Work Assignment: Seg Unit- H-Unit STG Pod  
 Work Hours: N/A Housing Assignment: H-18 #205  
 Reason for requesting Health Services Appointment (BE SPECIFIC): Headbeating/ "Hitching" by CCA staff on 09/14/07, Cooker, Bradley, etc. Lots of bumps on head, dizzy, Unresolved), still on Seg status.  
 How long have you had this problem?  
 Inmate (Print Name): Grandinetti, Francis Inmate Number: MS22300  
 Inmate/Resident Signature: Francis Grandinetti Date: 03/29/07

**Part B:** (Medical Staff Only)

Services and Meds Provided:

Health Services Signature:

Date:

Charge Receipt**Part C:** (to be completed by inmate/resident)Inmate Name (Print): Grandinetti, Francis A. IIInmate Number: A-0185287Date: 03/29/07Work Assignment: None.Work Hours: N/AHousing Assignment: H-18 #205

I understand that in accordance with State Law, I will be charged for each chargeable medical/psychiatric/dental service I receive and for each chargeable medication ordered. I also understand that if the Facility determines I am indigent or

funds become available.

This request authorizes disbursement from my trust fund account.

Inmate/Resident Signature: Francis GrandinettiDate: 03/29/07**Part D:** (to be completed by Medical Staff)

## Charges:

The inmate/resident received chargeable medical services @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 The inmate/resident received chargeable psychiatric services @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 The inmate/resident received chargeable dental services @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 The inmate/resident received \_\_\_\_\_ medications @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_

Health Services Initials: \_\_\_\_\_

White: Medical RecordsYellow: Parts C & D – Business OfficePink: Inmate/Resident